

SERFF Tracking Number: AEGA-126981078 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 47688  
Company Tracking Number: VA-APP 05/11 (NIC)  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VA-APP 05/11 (NIC)  
Project Name/Number: Advisors Application/VA-APP 05/11 (NIC)

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: VA-APP 05/11 (NIC) SERFF Tr Num: AEGA-126981078 State: Arkansas  
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 47688  
Variable and Variable Closed  
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VA-APP 05/11 (NIC) State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Laurie Bascom Disposition Date: 01/19/2011  
Date Submitted: 01/12/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Advisors Application  
Project Number: VA-APP 05/11 (NIC)  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 01/19/2011  
State Status Changed: 01/19/2011  
Created By: Laurie Bascom  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Laurie Bascom

Filing Description:

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201

RE: Monumental Life Insurance Company

NAIC # 468-66281

VA-APP 05/11 (NIC) – Variable Annuity Application

SERFF Tracking #: AEGA-126981078

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TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
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Project Name/Number: Advisors Application/VA-APP 05/11 (NIC)

Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with our Variable Annuity portfolio approved by your Department.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been attached as a flesch reading ease score is not required.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Monumental Life Insurance Company

Laurie Bascom  
Filing Analyst II  
TCM Regulatory Filing Dept.  
Phone: 319-355-6813  
Fax: 319-355-6820  
Email: lbascom@aegonusa.com

P.S. This application was approved by Iowa, our Home State on \_\_\_\_\_, or is concurrently submitted.

## **Company and Contact**

### **Filing Contact Information**

Laurie Bascom, Forms Filing Analyst II

lbascom@aegonusa.com

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 Variable and Variable  
 Product Name: VA-APP 05/11 (NIC)  
 Project Name/Number: Advisors Application/VA-APP 05/11 (NIC)

4333 Edgewood Road, NE 319-355-6813 [Phone]  
 Cedar Rapids, IA 52499 319-355-6820 [FAX]

**Filing Company Information**

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa  
 4333 Edgewood Road N.E. Group Code: 468 Company Type: Life and Annuity  
 Cedar Rapids, IA 52499 Group Name: State ID Number:  
 (800) 553-5957 ext. [Phone] FEIN Number: 52-0419790

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form X \$50/form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	01/12/2011	43705350

*SERFF Tracking Number:* AEGA-126981078      *State:* Arkansas  
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*Product Name:* VA-APP 05/11 (NIC)  
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## **Correspondence Summary**

### **Dispositions**

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved- Closed	Linda Bird	01/19/2011	01/19/2011

*SERFF Tracking Number:* AEGA-126981078      *State:* Arkansas  
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## **Disposition**

Disposition Date: 01/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.







Individual Variable Deferred Annuity Application

Home Office: Cedar Rapids, IA

Mailing Address: Advisor Resources

400 West Market Street, 4th Floor, Louisville, KY 40202

Telephone: (800) 797-9177 option 2

BENEFITS ARE ON A VARIABLE BASIS AND MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

1. PRODUCT INFORMATION

Product (select only one option): [ ] Advisor's Edge® [ ] Advisor's Edge Select® [ ] Advisor's Edge Select®- SP

2. OWNER INFORMATION

Type of Owner:

- [ ] Individual (1) [ ] Trust (Trust Certification Form is Required) [ ] Corporate [ ] Guardianship / Conservatorship [ ] Company Qualified Plan (Profit Sharing Plan, Pension Plan) [ ] UGMA / UTMA

Complete Legal Name: \_\_\_\_\_

Residential Address: (2) \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: [ ] Male [ ] Female Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced [ ] Domestic Partner

Citizenship: [ ] U.S. Citizen [ ] Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_ ) [ ] Resident Alien [ ] Non-Resident Alien

3. JOINT OWNER INFORMATION

Only complete this section if there will be a Joint Owner. If no Joint Owner is listed, Monumental Life Insurance Company will issue the policy with the Sole Owner.

Relationship to Owner: (3) \_\_\_\_\_

Complete Legal Name: (1) \_\_\_\_\_

Residential Address: (2) \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: [ ] Male [ ] Female Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced [ ] Domestic Partner

Citizenship: [ ] U.S. Citizen [ ] Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_ ) [ ] Resident Alien [ ] Non-Resident Alien

(1) If Type of Owner in Section 2 is Individual, Owner or Joint Owner must be the Annuitant. (2) A Residential Address must be completed and cannot be a P.O. Box. (3) Prior Company approval will be required if there is not an immediate (including Grandparents) familial relationship.

#### 4. ANNUITANT INFORMATION

**Only complete this section if Annuitant is different than Owner or if there is a Joint Owner.** If Type of Owner in Section 2 is Individual, Owner or Joint Owner must be the Annuitant. If no Annuitant is listed, Monumental Life Insurance Company will issue the policy with the Owner and Annuitant as the same.

Relationship to Owner:<sup>(1)</sup> \_\_\_\_\_

Complete Legal Name: \_\_\_\_\_

Residential Address:<sup>(2)</sup> \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Single  Married  Widowed  Divorced  Domestic Partner

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

#### 5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

The percentages you assign for each beneficiary must be whole percentages. Any Beneficiary Designation must have at least one primary beneficiary listed. Sum of all primary beneficiary designation(s) must total 100%. Sum of all contingent beneficiary designation(s), if applicable, must total 100%. If the percentages do not total 100% we will consider this designation incomplete and all claims will be paid per the terms of the policy, unless accurate beneficiary information is received timely. If there are no surviving beneficiaries, proceeds will be payable per the terms of the policy.

Primary  Contingent Allocation Percentage: \_\_\_\_\_%

Is this an Irrevocable Beneficiary?  Yes  No

Is this a Restricted Beneficiary?  Yes<sup>(3)</sup>  No

Complete Legal Name: \_\_\_\_\_  Spousal Beneficiary

Relationship to Annuitant: \_\_\_\_\_ Gender:  Male  Female  Entity or Trust<sup>(4)</sup>

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

Primary  Contingent Allocation Percentage: \_\_\_\_\_%

Is this an Irrevocable Beneficiary?  Yes  No

Is this a Restricted Beneficiary?  Yes<sup>(3)</sup>  No

Complete Legal Name: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_ Gender:  Male  Female  Entity or Trust<sup>(4)</sup>

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

<sup>(1)</sup> **Prior Company approval will be required if there is not an immediate (including Grandparents) familial relationship.**

<sup>(2)</sup> **A Residential Address must be completed and cannot be a P.O. Box.**

<sup>(3)</sup> **The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.**

<sup>(4)</sup> **Please submit the Trustee Certification Form if a Trust is named as Beneficiary.**

**5. BENEFICIARY DESIGNATION (continued)**

Primary  Contingent Allocation Percentage: \_\_\_\_\_%

Is this an Irrevocable Beneficiary?  Yes  No

Is this a Restricted Beneficiary?  Yes<sup>(1)</sup>  No

Complete Legal Name: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_ Gender:  Male  Female  Entity or Trust<sup>(2)</sup>

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S. Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

**6. PURCHASE PAYMENT INFORMATION**

Purchase Amount \$ \_\_\_\_\_

Check/Wire Enclosed  Monumental Life Insurance Company to request release of funds  Insurance Producer/Client to request release of funds

**Complete only ONE section, 6A or 6B; whichever is applicable.**

**A. NON-QUALIFIED**

**Source of Funds:**

- New Money
- 1035 Exchange - The IRC Section 1035 Exchange Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- CD/Mutual Fund Redemption - The Mutual Fund/CD Redemption Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

**B. QUALIFIED**

**Source of Funds:**

- New Contribution - Tax Year: \_\_\_\_\_
- Direct Transfer - The Qualified Funds Direct Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- Rollover - The Qualified Funds Direct Rollover or Transfer Request Form is **required**.

**Type of Qualified Plan Applying for:<sup>(3)</sup>**

- Traditional IRA  Roth IRA  SEP IRA  Simple IRA
- Profit Sharing Plan  Pension Plan  Other: \_\_\_\_\_

<sup>(1)</sup> The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

<sup>(2)</sup> Please submit the Trustee Certification Form if a Trust is named as Beneficiary.

<sup>(3)</sup> Prior Company approval required for all qualified plans other than individual IRAs.

## 7. ELECTIONS

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

**A. GUARANTEED MINIMUM DEATH BENEFITS** - Your selection cannot be changed after the policy has been issued. One, and only one, option must be selected.

- Policy Value Death Benefit - Only available with Advisor's Edge®
- Return of Premium Death Benefit
- Annual Step-Up Death Benefit - Only available with Advisor's Edge®
- 6 Year Step-Up Death Benefit - Only available with Advisor's Edge Select®
- Double Enhanced Death Benefit - Only available with Advisor's Edge Select®

**B. ADDITIONAL DEATH BENEFIT RIDER(S)** - Only one Additional Death Benefit can be selected.

- Additional Death Benefit Rider <sup>SM</sup> - Only available with Advisor's Edge Select®
- Additional Death Distribution - II Rider - Only available with Advisor's Edge Select®

## 8. INVESTMENT SELECTION

If immediately investing all funds proceed to Section 8B. If any funds are to be allocated in the DCA complete Section 8A.

### A. DOLLAR COST AVERAGING (DCA) PROGRAM

Transfer from:

- DCA Fixed Account
- Federated Prime Money Fund II

Frequency and Number of Transfers:

There is a minimum of \$500 for each DCA Transfer.

Monthly:  6  10  12  24  Other: \_\_\_\_\_ (minimum 6 months/maximum 24 months)

Quarterly:  4  8

**B. ASSET REBALANCING PROGRAM** - Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one investment option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.

I elect Asset Rebalancing:  No  Yes

Rebalance the variable investment options according to my allocations in Section 8C using the frequency indicated below.

- Monthly
- Quarterly
- Semi-Annually
- Annually

**8. INVESTMENT SELECTION (continued)**

**C. PORTFOLIO ALLOCATIONS** - For all options listed in this Section, the Initial Allocation Percentage column and DCA (if applicable) Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

	<b>Initial % (Required)</b>	<b>DCA % (Optional)</b>		<b>Initial % (Required)</b>	<b>DCA % (Optional)</b>
<b>Initial Investment for DCA</b>	____.0%				
1 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%	2 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%
3 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%	4 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%
5 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%	6 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%
7 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%	8 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%
9 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%	10 Year Fixed Guaranteed Period <sup>(1)</sup>	____.0%	____.0%
Columbia Small Company Growth Fund, Variable Series - Class A Shares	____.0%	____.0%	Credit Suisse International Equity Flex III Portfolio	____.0%	____.0%
Credit Suisse U.S. Equity Flex I Portfolio	____.0%	____.0%	DFA - VA Global Bond Portfolio <sup>(2)</sup>	____.0%	____.0%
DFA - VA International Small Portfolio <sup>(2)</sup>	____.0%	____.0%	DFA - VA International Value Portfolio <sup>(2)</sup>	____.0%	____.0%
DFA - VA Short-Term Fixed Portfolio <sup>(2)</sup>	____.0%	____.0%	DFA - VA U.S. Large Value Portfolio <sup>(2)</sup>	____.0%	____.0%
DFA - VA U.S. Targeted Value Portfolio <sup>(2)</sup>	____.0%	____.0%	Federated Capital Appreciation Fund II	____.0%	____.0%
Federated Capital Income Fund II	____.0%	____.0%	Federated Fund for U.S. Government Securities II	____.0%	____.0%
Federated High Income Bond Fund II	____.0%	____.0%	Federated Prime Money Fund II	____.0%	____.0%
Fidelity VIP Contrafund ® Portfolio	____.0%	____.0%	Fidelity VIP Mid Cap Portfolio	____.0%	____.0%
Fidelity VIP Value Strategies Portfolio	____.0%	____.0%	NVIT Developing Markets Fund	____.0%	____.0%
TA Asset Allocation - Conservative VP	____.0%	____.0%	TA Asset Allocation - Growth VP	____.0%	____.0%
TA Asset Allocation - Moderate VP	____.0%	____.0%	TA Asset Allocation - Moderate Growth VP	____.0%	____.0%
TA Balanced VP	____.0%	____.0%	TA BlackRock Large Cap Value VP	____.0%	____.0%
TA Clarion Global Real Estate Securities VP	____.0%	____.0%	TA Diversified Equity VP	____.0%	____.0%
TA Efficient Markets VP	____.0%	____.0%	TA Growth Opportunities VP	____.0%	____.0%
TA Index 50 VP	____.0%	____.0%	TA Index 75 VP	____.0%	____.0%
TA JPMorgan Enhanced Index VP	____.0%	____.0%	TA MFS International Equity VP	____.0%	____.0%
TA Morgan Stanley Active International Allocation VP	____.0%	____.0%	TA Morgan Stanley Mid-Cap Growth VP	____.0%	____.0%
TA PIMCO Total Return VP	____.0%	____.0%	TA Small/Mid Cap Value VP	____.0%	____.0%
TA T. Rowe Price Small Cap VP	____.0%	____.0%	TA WMC Diversified Growth VP	____.0%	____.0%
Vanguard - Equity Index Portfolio	____.0%	____.0%	Vanguard - International Portfolio	____.0%	____.0%
Vanguard - Mid-Cap Index Portfolio	____.0%	____.0%	Vanguard - REIT Index Portfolio	____.0%	____.0%
Vanguard - Short-Term Investment-Grade Portfolio	____.0%	____.0%	Vanguard - Total Bond Market Index Portfolio	____.0%	____.0%
Wanger International	____.0%	____.0%	Wanger USA	____.0%	____.0%
WFAVT Small Cap Value Fund	____.0%	____.0%			

<sup>(1)</sup> **The Guaranteed Period Options may not be available in all states or with all products. Premium limits may apply.**

<sup>(2)</sup> **Only available with Advisor's Edge® and Advisor's Edge Select® - SP.**

## 9. OWNER ACKNOWLEDGEMENTS & SIGNATURES

### A. REPLACEMENT INFORMATION - All questions in this section must be answered.

- No  Yes Did the Representative/Insurance Producer present and leave the applicant sales material?
- No  Yes Do you have any existing life insurance policies or annuity contracts?
- No  Yes Will this annuity replace or change any existing life insurance policies or annuity contracts?

If yes - Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### B. CALIFORNIA APPLICANTS AGE 60 OR OLDER ONLY

Under California law, there is a 30 Day Right to Review your contract. The amount that will be returned to you if you cancel your contract during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

- I/We wish to immediately invest in the variable investment options selected in Section 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the contract value to the investment options selected in Section 8. If I/we cancel the contract within 30 days, any payments will be returned.

### C. CONNECTICUT APPLICANTS ONLY

An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

**The fixed account of this policy guarantees a minimum interest percentage of 1.50. This rate may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.**

### D. DISCLOSURES

- Unless I have notified Monumental Life Insurance Company of a community or marital property interest in this contract, Monumental Life Insurance Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by Monumental Life Insurance Company. If this application is rejected for any reason, Monumental Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer.
- When funds are allocated to the Fixed Accounts in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.

## 9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

### E. TELEPHONE/ELECTRONIC AUTHORIZATION

As the Owner, I will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. If no option is selected, the authorization will default to Owner only.

- Yes By checking "Yes," I am authorizing and directing Monumental Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff. This may include fund transfers, allocation changes and any other changes approved by Monumental Life Insurance Company. Monumental Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Monumental Life Insurance Company and its affiliates and their directors, officers, employees, representatives and/or insurance producers will be held harmless for any claim, liability, loss or cost.
- No By checking "No", I am not authorizing and directing Monumental Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff.

### F. ELECTRONIC DOCUMENT DELIVERY

**Skip to subsection 9G if you are not initiating the process of Electronic Document Delivery.**

By providing an email address below, I consent to initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. These include, but are not limited to, prospectuses, prospectus supplements, annual and semiannual reports, quarterly statements and immediate confirmations, privacy notices and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I consent to receive in electronic format any documents added in the future.

Important Information Concerning Electronic Document Delivery:

- There is no charge for electronic delivery, although an internet provider may charge for internet access.
- You are confirming that you have access to a computer with internet capabilities and an active email account to receive information electronically.
- This Electronic Document Delivery applies only to Eligible Policies accessed through the following websites: [www.transamericaannuities.com](http://www.transamericaannuities.com), [www.westernreserve.com](http://www.westernreserve.com), [www.advisorresources.com](http://www.advisorresources.com) and [www.monlife.com](http://www.monlife.com).
- After subscribing to Electronic Document Delivery, Monumental Life Insurance Company will send an email to confirm the provided email address is correct. If Monumental Life Insurance Company is not able to confirm an email address or has reasonable suspicion that an email address is incorrect, Monumental Life Insurance Company will not be able to activate the subscription for electronic delivery, in which case paper copy documents will be sent.
- Email filters must be updated which may prevent email notifications from Monumental Life Insurance Company to be received.
- Not all contract documentation and notifications may currently be available in electronic format.
- Paper copies of the information may be requested at any time for no charge.
- For jointly owned policies both owners are consenting to have information sent to the email address listed below.
- If the email address changes after the subscription process, notification must be sent to Monumental Life Insurance Company.
- Electronic delivery will be cancelled if emails are returned undeliverable.
- This consent will remain in effect until revoked.

Please call [\(800\) 797-9177](tel:(800)797-9177) option [2](#) or visit the Company website if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

Email Address: \_\_\_\_\_

**Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.**

**9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)**

**G. FRAUD STATEMENTS**

For Applicants in **AR** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in **DC** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Applicants in **FL** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**H. CLIENT SIGNATURES**

Check here if you want to be sent a copy of "Statement of Additional Information."

Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount.

Signed at: \_\_\_\_\_  
City State

Date: \_\_\_\_\_ Linking Number: \_\_\_\_\_

Owner(s) Signature: X \_\_\_\_\_

Joint Owner(s) Signature: X \_\_\_\_\_

Annuitant Signature (if not Owner): X \_\_\_\_\_

**10. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS & SIGNATURES**

**A. REPLACEMENT INFORMATION - All questions in this section must be answered.**

- No  Yes Did you present and leave the applicant insurer-approved sales material?
- No  Yes Does the applicant have any existing life insurance policies or annuity contracts?
- No  Yes Do you have any reason to believe the annuity applied for will replace or change any existing life insurance policies or annuity contracts?

**REMINDER** - Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

For Connecticut Representatives/Insurance Producers ONLY - I have provided an illustration showing the minimum interest rate percentage applicable to the Fixed Account and reviewed it with the Applicant.

**B. REPRESENTATIVE/INSURANCE PRODUCER SIGNATURES**

**REMINDER** - Please verify a product has been selected in Section 1.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

**#1: Registered Representative/Licensed Insurance Producer**

Print Full Name: \_\_\_\_\_

Representative/Insurance Producer ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Florida Agent License Number: \_\_\_\_\_

☞ Signature: X \_\_\_\_\_

**#2: Registered Representative/Licensed Insurance Producer**

Print Full Name: \_\_\_\_\_

Representative/Insurance Producer ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Florida Agent License Number: \_\_\_\_\_

☞ Signature: X \_\_\_\_\_

*SERFF Tracking Number:* AEGA-126981078      *State:* Arkansas  
*Filing Company:* Monumental Life Insurance Company      *State Tracking Number:* 47688  
*Company Tracking Number:* VA-APP 05/11 (NIC)  
*TOI:* A02.11 Individual Annuities- Deferred Non-Variable and Variable      *Sub-TOI:* A02.11.002 Flexible Premium  
*Product Name:* VA-APP 05/11 (NIC)  
*Project Name/Number:* Advisors Application/VA-APP 05/11 (NIC)

## Supporting Document Schedules

**Item Status:**      **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

This application is used with variable annuities which are SEC registered products. Therefore, a Flesch Readability Certification has not been attached as a flesch reading ease score is not required.

**Attachment:**

AR Reg 19 Cert VA-APP 0511 (NIC).pdf

**Item Status:**      **Status Date:**

**Satisfied - Item:** Application

**Comments:**

The application being submitted for review is attached under the Form Schedule tab.

**Item Status:**      **Status Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Statement of Variability (NIC).pdf

CERTIFICATION OF COMPLIANCE

Company Name: Monumental Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 05/11 (NIC)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



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Darin D. Smith  
Vice President

January 11, 2011

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Date

## **Annuity Application Statement of Variability**

### **VA-APP 05/11 (NIC)**

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

**Address/Telephone:** To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.

#### **Section 1. PRODUCT INFORMATION**

**Product Name (Marketing Name):** To allow for future changes in the marketing name for the annuity.

#### **Section 7. ELECTIONS**

**A. Guaranteed Minimum Death Benefits:** The ability to offer different Guaranteed Death Benefits. The current options may be removed and added, but newly approved options will never be added.

**B. Additional Death Benefit Rider(s):** The ability to change and/or make available different types of additional death benefit riders. The current options may be removed and added, but newly approved options will never be added.

#### **Section 8. INVESTMENT SELECTION**

**A. Dollar Cost Averaging (DCA) Program:** To allow for flexibility to make changes to the DCA accounts.

**C. Portfolio Allocations:** To allow for flexibility to make changes to the Portfolio Allocation instructions and Subaccounts being offered.

#### **Section 9. OWNER ACKNOWLEDGEMENTS AND SIGNATURES**

**C. CONNECTICUT APPLICANTS ONLY:** The ability to change the Guaranteed Minimum Interest Rate percentage as approved as a variable item in the base policy to which this application is attached. This rate was approved with a minimum of 1.00% and a maximum of 3.00%

**F. Electronic Document Delivery:** To allow for administrative flexibility. Should the website or telephone number information change, this information will be updated accordingly.

**G. Fraud Statements:** The ability to add or remove states due to future state requirements.